



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 055400006

CITY OR TOWN HULL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MCDEVITT ENTERPRISES, INC

DOING BUSINESS AS JO'S NAUTICAL

ADDRESS 125 MAIN ST.

CITY/TOWN: HULL

STATE: MA

ZIP CODE: 02045

MANAGER: APREA,
STEPHANIE

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

AMENDED TO INCLUDE OUTSIDE PATIO.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 055400012

CITY OR TOWN HULL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: C NOTE LLC

DOING BUSINESS AS THE C NOTE

ADDRESS 159 NANTASKET AVE.

CITY/TOWN: HULL

STATE: MA

ZIP CODE: 02045

MANAGER: FRUZZETTI,
CHARLES J.

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

42X86 SINGLE STORY MASONRY & ATTACHED BUILDING, ONE STREET FLOOR ROOM,
NO CELLAR, ONE FRONT ENTRANCE/EXIT AND ONE REAR EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 055400015

CITY OR TOWN HULL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WILLIAM K. TRAP

DOING BUSINESS AS

ADDRESS 297 NANTASKET AVE.

CITY/TOWN: HULL

STATE: MA

ZIP CODE: 02045

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

297 NANTASKET AVE. PREMISES TO BE LICENSED CONSIST OF A ONE STORY BRICK BLDG. WITH A KITCHEN, DINING ROOM, LOUNGE AREA. CELLAR FOR STORAGE. ONE FORNT ENTRANCE AND ONE REAR ENTRANCE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 055400022

CITY OR TOWN HULL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DADDY'S VENTURES INC.

DOING BUSINESS AS DADDY'S DRY DOCK

ADDRESS 280 NANTASKET AVE.

CITY/TOWN: HULL

STATE: MA

ZIP CODE: 02045

MANAGER: LEMKIN, JEFFREY TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 055400024

CITY OR TOWN HULL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RIC RAY INC.

DOING BUSINESS AS SCHOONERS

ADDRESS 157 NANTASKET AVE.

CITY/TOWN: HULL

STATE: MA

ZIP CODE: 02045

MANAGER: CHASE,
RAYMOND

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STREET LEVEL DINING ROOM, LOUNGE AREA, ONE KITCHEN, NO CELLAR, ONE FRONT
ENTRANCE AND ONE REAR EXIT.

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 055400031

CITY OR TOWN HULL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ERIK A STENFORS

DOING BUSINESS A SAPORITO'S FLORENCE CLUB CAFE

ADDRESS 11 ROCKLAND CIRCLE

CITY/TOWN: HULL

STATE: MA

ZIP CODE: 02045

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. SEATING ON FIRST FLOOR; KITCHEN IN BASEMENT; TWO EXITS FROM BASEMENT AND TWO EXITS ON FIRST FLOOR. ONE IN FRONT AND ONE IN LEFT REAR

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 055400036

CITY OR TOWN HULL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PORTA BELLA BEVERAGE, INC

DOING BUSINESS AS WEST CORNER LIQ

ADDRESS 18 NANTASKET AVE

CITY/TOWN: HULL

STATE: MA

ZIP CODE: 02045

MANAGER: HEBERT, ROBERT TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY STUCCO BLDG, TWO ROOMS, ONE FOR RETAIL SALES AND ONE FOR STORAGE. NO CELLAR. ENTRANCE AND SIDE DOOR EXITS INTO PARKING LOT ADJACENT TO STORE

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 055400037

CITY OR TOWN HULL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TIGER WIND

DOING BUSINESS A NANTASKET LIQUORS

ADDRESS 379 NANTASKET AVE

CITY/TOWN: HULL

STATE: MA

ZIP CODE: 02045

MANAGER: WANG, HONG
JIANG

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY CINDER BLOCK BUILDING, CONSISTING OF ROOM FOR SALES AND STORAGE
ROOM. ONE FRONT ENTRANCE, ONE REAR ENTRANCE

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

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TELEPHONE NUMBER:

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DISAPPROVED: ☐

(If disapproved explain)

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 055400040

CITY OR TOWN HULL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THORNTON'S MARKET, INC.

DOING BUSINESS A RIDDLE'S SUPERMART

ADDRESS 505 NANTASKET AVE

CITY/TOWN: HULL

STATE: MA

ZIP CODE: 02045

MANAGER: RIDDLE,
RAYMOND W.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SOLID BLOCK CONCRETE BUILDING WITH SOLID CONCRETE BASEMENT; EMERGENCY
ENTRANCE AND EXIT. ONE LARGE SALES AREA. CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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LICENSE NUMBER: 055400045

CITY OR TOWN HULL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BEVERLY I. TULLISH

DOING BUSINESS AS A STREET DELI

ADDRESS 675 NANTASKET AVE.

CITY/TOWN: HULL

STATE: MA

ZIP CODE: 02045

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

675 NANTASKET AVE. ONE STORY STUCCO BUILDING CONSISTING OF DINING ROOM, KITCHEN AND STORAGE AREA. NO CELLAR. ONE ENTRANCE FROM NANTASKET AVE., ONE REAR EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 055400049

CITY OR TOWN HULL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LIGHTHOUSE ENTERPRISES, INC.

DOING BUSINESS AS A STREET LIQUORS

ADDRESS 670 NANTASKET AVENUE

CITY/TOWN: HULL

STATE: MA

ZIP CODE: 02045

MANAGER: BLAIR, DAVID

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY CEMENT BLOCK BLDG., COMPRISING ONE FRONT ROOM FOR SALES, REAR ROOM FOR STOCK, SALES AND STORAGE AREA IN MARKET PROPER, TWO FRONT ENTRANCES AND TWO REAR ENTRANCES.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 055400056

CITY OR TOWN HULL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LADALAT & COMPANY, INC

DOING BUSINESS AS LADALAT

ADDRESS 181 NANTASKET AVE

CITY/TOWN: HULL

STATE: MA

ZIP CODE: 02045

MANAGER: NGUYEN, VO

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BRICK BUILDING W/DINING ROOM, LOUNGE AREA, KITCHEN, STOCK ROOM,
DININGROOM AND LOUNGE/BAR ARE SEPARATE ROOMS,.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 055400060

CITY OR TOWN HULL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RED PARROT, INC.

DOING BUSINESS AS

ADDRESS 1 HULL SHORE DRIVE

CITY/TOWN: HULL

STATE: MA

ZIP CODE: 02045

MANAGER: BROOK-
D'ANGELO,
BEATRICE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BRICK BLDG, ON THE FIRST FLOOR, BAR IN THE LOUNGE, ONE BAR IN A DINING/LOUNGE AREA. DINING ROOM. KITCHEN AND OFFICE, AND STORAGE AREA. SECOND FLOOR WITH TWO FUNCTION/DINING AREA KITCHEN, BAR, AND DECJ. TABLES.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 055400067

CITY OR TOWN HULL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NANTASKET RESORT , INC.

DOING BUSINESS A NANTASKET RESORT AND SPA

ADDRESS 45 HULL SHORE DR

CITY/TOWN: HULL

STATE: MA

ZIP CODE: 02045

MANAGER: SLOMIAK,JACKSON TYPE OF LICENSE: Innholder
N

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 055400068

CITY OR TOWN HULL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BRIDGEMAN ENTERPRISES, INC

DOING BUSINESS AS BRIDGEMAN'S RESTAURANT

ADDRESS 145 NANTASKET AVE

CITY/TOWN: HULL

STATE: MA

ZIP CODE: 02045

MANAGER: LASPADA,
JOSEPH G.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY WOODEN STRUCTURE. 1ST FLOOR 1,746 SQFT., 2ND FLOOR 1,746 SQFT. OUTSIDE PATIO 1,168 SQFT. INSIDE DINING ROOM, BAR AREA, AND OUTSIDE PATIO THAT SEATS 60.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 055400070

CITY OR TOWN HULL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LMB RESTAURANT GROUP

DOING BUSINESS AS BAREFOOT BOB'S

ADDRESS 276 NANTASKET AVE.

CITY/TOWN: HULL

STATE: MA

ZIP CODE: 02045

MANAGER: CARA-DONNA,
MARC

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 055400071

CITY OR TOWN HULL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JOSEPH AGOSTINO

DOING BUSINESS AS BEACH FOOD

ADDRESS

CITY/TOWN: HULL

STATE: MA

ZIP CODE: 02045

MANAGER: AGOSTINO,
JOSEPH

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PIZZA AND GRILL RESTAURANT. ONE STORY BUILDING CONSISTS OF TWO OPEN ROOMS WITH DITCHEN AND OFFICE. NO CELLAR. ONE ENTRANCE AND EXIT ON NANTASDET AVE. ONE REAR EXIT ON BAY STREET.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 055400073

CITY OR TOWN HULL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STEPHEN R. CASSEVOY

DOING BUSINESS A TOAST

ADDRESS 121 NANTASKET AVE

CITY/TOWN: HULL

STATE: MA

ZIP CODE: 02045

MANAGER: CASSEVOY,
STEPHEN R.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1375 SQ FT RESTAURANT, ONE FRONT AND ONE BACK ENTRANC SIDE DOOR ACCESS TO
RETAIL UNIT NEXT DOOR, KITCHEN AND DINING ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 055400074

CITY OR TOWN HULL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BEACH FIRE LLC

DOING BUSINESS AS BEACH FIRE

ADDRESS 42A State Park Rd

CITY/TOWN: HULL

STATE: MA

ZIP CODE: 02045

MANAGER: DeFRANCO JR.,
LAWRENCE J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 story bldg consisting of 1st flr dining room, enclosed deck, kitchen, storage areas, restrooms. Outside patio with bar, 2nd flr; dining room with bar, open deck, kitchen, storage area, restroom. Cellar for storage. Two entrances and two exits

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 055400077

CITY OR TOWN HULL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VIDHI CORP.

DOING BUSINESS A LITTLE VILLAGE STORE

ADDRESS 169 NANTASKET AVENUE

CITY/TOWN: HULL

STATE: MA

ZIP CODE: 02045

MANAGER: PATEL,RASHIKBH TYPE OF LICENSE: Package Store
AI I.

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 LEVEL STORE WITH DOOR LOCATED NANTASKET AVENUE. BACK ROOM HAS DOOR
LEADING TO PARK AVE. 2 ICE CREAM TAKE OUT WINDOWS FACE PARK AVE. WALK IN
COOLER.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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Alcoholic Beverages Control Commission
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 055400080

CITY OR TOWN HULL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GUN ROCK HOUSE, INC

DOING BUSINESS AS THE GUN ROCK HOUSE

ADDRESS 175 ATLANTIC AVENUE

CITY/TOWN: HULL

STATE: MA

ZIP CODE: 02045

MANAGER: CONNORS,
TRACEY M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BASEMENT AND FIRST FLOOR OF A THREE STORY WOODEN FRAME BUILDING. ON
ENT/EXIT ON MONTANA AVENUE AND SECOND ENTRANCE EXIT ON ATLANTIC AVENUE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE: